

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003636

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: GFWC WILLISTON WOMAN'S CLUB, INC.

## Current Principal Place of Business:

1049 N.E. 6TH BLVD.  
WILLISTON, FL 32696

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 183  
WILLISTON, FL 32696

## New Mailing Address:

FEI Number: 59-3144638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASON, MARION  
1021 S.E. 8TH STREET  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PHILPOT, BRENDA  
Address: P O BOX 68  
City-St-Zip: WILLISTON, FL 32696

Title: PD ( ) Delete  
Name: SANDLIN, BUNNY  
Address: 18450 NE 60TH STREET  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: CHANCEY, ROBIN  
Address: 6750 SE 135TH AVE  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: BOWMAN, NANCY  
Address: 310 NW 1ST AVENUE  
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete  
Name: GATCHELL, PHILLES  
Address: P O BOX 666  
City-St-Zip: WILLISTON, FL 32696

Title: TD ( ) Delete  
Name: HOLDER, SHARON  
Address: 1221 NE 152ND COURT  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BOWMAN, NANCY  
Address: 310 NW 1ST AVENUE  
City-St-Zip: WILLISTON, FL 32696

Title: VD (X) Change ( ) Addition  
Name: COLLINS, SALLY A  
Address: 12450 SE 19TH STREET  
City-St-Zip: MORRISTON, FL 32668

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HOLDER

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date